



City of Lake Forest

Teen Advisory Committee Application

Name _____

Address _____

Home Phone _____

School _____

Grade _____ Age _____ Male/Female

Email address _____

Parent/Guardian Name _____

Address _____

Work Phone _____ Cell Phone _____

Why do you wish to serve on the Teen Advisory Committee?

Please list any experience or special interests you will bring to the Committee? _____

List all current or past extracurricular activities and leadership positions. _____

Please sign the back of this application →

Photo Release

I permit the use of activity/event photography and/or video of my child or myself for media promotion.

Yes ☐ No ☐

Parental Consent

I hereby allow my son/daughter to participate in the Lake Forest Teen Advisory Committee. I understand that services are being offered on a voluntary basis without anticipation of financial remuneration. I agree to assume all risks for injuries arising out of my son/daughter's participation as a volunteer. I agree that the City of Lake Forest and all employees, officials, agents, representatives and sureties of the City shall NOT be responsible or liable for any injury, damage, loss or expense, to my son/daughter and/ or property, incurred while participating as a volunteer.

Parent/Guardian Signature

_____ Date _____

Student Signature

_____ Date _____

This document and information therein becomes public information pursuant to the California Public Records Act and may be disclosed to the public upon request.